

Application Data Sheet

Application Information

Application number::
Filing Date:: 12/29/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Closed Loop Medicament Pump
Attorney Docket Number:: 11738.00214
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Thompson
Name Suffix::
City of Residence:: Fridley
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 1660 Onondaga Street

City of mailing address:: Fridley
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55432

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/302,593	04/30/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
 Street of mailing address:: 710 Medtronic Parkway NE
 City of mailing address:: LC 340 Minneapolis
 State or Province of mailing address:: Minnesota
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 55432